## **SAMPLE ONLY**

We have received a Report of Industrial Injury or Occupational Disease for the employee named below.

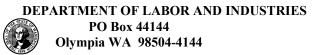
• <u>If you have received</u> the Employer's Portion of the Report of Industrial Injury or Occupational Disease (Accident Report) from the medical provider, please complete and send it to:

Department of Labor and Industries PO Box 44299 Olympia WA 98504-4299

- <u>If you have not received</u> the Employer's Portion, call your local office of the Department of Labor and Industries. Or, call Employer Services (360) 902-4817 or toll-free 1-800-LISTENS and one will be mailed to you.
- IF YOU HAVE ALREADY SENT IN THE EMPLOYER'S PORTION, NO FURTHER ACTION IS NECESSARY.
- If this person was not your employee on the date of injury, please notify our Employer Services, PO Box 44144, Olympia WA 98504-4144, with a written statement.

Review the risk classification and determine if your firm reports this employee's hours in the class indicated below. Notify our Employer Services Section at (360) 902-4817 of any discrepancies.

pertaining to this injury



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## NOTICE OF CLAIM ARRIVAL

THIS NOTICE DOES NOT NECESSARILY MEAN THAT THE CLAIM IS APPROVED

IF THIS IS NOT THE CORRECT EMPLOYER, NOTIFY THE DEPARTMENT IN WRITING IMMEDIATELY EMPLOYEE'S NAME

CLAIM NUMBER

Use this claim number on all correspondence

DATE OF ACCIDENT UBI NUMBER

RISK CLASS / NOTIFICATION DATE / ACCOUNT ID